

Authorization to Release Student Records

Student Name _____ Grade _____

Home address before moving to Shrewsbury: _____

City _____ State _____ Zip Code _____

The above named student has been enrolled in:

☐ Beal School
1 Maple Ave.
Shrewsbury, MA 01545

☐ Sherwood Middle School
30 Sherwood Ave.
Shrewsbury, MA 01545

☐ Coolidge School
1 Florence Street
Shrewsbury, MA 01545

☐ Paton School
58 Grafton Street
Shrewsbury, MA 01545

☐ Floral Street School
57 Floral Street
Shrewsbury, MA 01545

☐ Spring Street School
123 Spring Street
Shrewsbury, MA 01545

☐ Shrewsbury High School
64 Holden Street
Shrewsbury, MA 01545

☐ Parker Road Preschool
15 Parker Road
Shrewsbury, MA 01545

☐ Oak Middle School
45 Oak Street
Shrewsbury, MA 01545

Please send the student's records at your earliest convenience (including):

Attendance records, Health records, Transcript information, Student grades, Standardized test scores, Special Education Educational Plan and Assessments, Discipline records, and State Assigned Student Identification Number (SASID, if applicable).

Name and complete address of **school student is transferring from:**

Name: _____

Street Address: _____

City, State and Zip Code _____

Signature of parent/guardian

Date

Records request mailed on: _____ Requested by: _____